

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 701667040	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1	1				
2	3				
3	31				
4	3				
5		1			
6			1		
7		1			
8		1			
9		1			
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TOTAL IND.	1		5		
TOTAL DEP.	9	↓	3	↓	↓
TOTAL CLAIMS	10		8		

	END	DEP	END	DEP	END	-DEP
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